

TRAVEL EXPENSE CLAIM

08/09

See Instructions and *Privacy

Statement on Reverse Side


STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

CLAIMANT'S NAME Laura Chick		SSN or EMPLOYEE NUMBER*		DEPARTMENT Planning & Research	
POSITION Inspector General		CB/ID No. Exempt		DIVISION or BUREAU Governor's Office	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1400 Tenth Street		INDEX NUMBER 226	
CITY Sacramento		STATE CA		TELEPHONE NUMBER (916) 322-3003	
ZIP 95814					

(1) MONTH/YEAR May 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES PER DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, INC. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
5/3	11:30	Sacramento/SF				18.00		52.00	B	11.00			81.0
5/4	18:00												
(10) SUBTOTALS						18.00		52.00		11.00			81.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													81.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS
Keynote speaker at Assoc of Local Government Auditors.		
Association paid for hotel room.		(13) PRIVATE VEHICLE LICENSE NUMBER
		(14) MILEAGE RATE CLAIMED
		0.55
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
CLAIMANT'S SIGNATURE RE	DATE 5-18-09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE 5/19/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE

Riders  Baggage ☐

1
Name of Passenger
CHICK/LAURA

From
SACRAMENTO, CA
To
EMERYVILLE, CA
Carrier Train Date
2V

Accom Space/Car
U **UNRESERVED**

Form of Payment
AP26.00VI 3889
Rail Fare
\$26.00 Accom Charge
\$0.00
Fare Plans
CJ Total
\$26.00

UOCC
Ticket Number
1239593183000 No. of
01 02
Date of Issue
03MAY09 Reservation #
69663

PASSENGER RECEIPT

Riders  Baggage ☐

1
Name of Passenger
CHICK/LAURA

From
EMERYVILLE, CA
To
SAN FRAN-FINCL, CA
Carrier Train Date
2V **6637**

Accom Space/Car
G **UNRSVD THRWY**

Form of Payment
AP26.00VI 3889
Rail Fare
\$0.00 Accom Charge
\$0.00
Fare Plans
CJ Total
\$26.00

UOCC
Ticket Number
1239593183018 No. of
02 02
Date of Issue
03MAY09 Reservation #
69663

PASSENGER RECEIPT

434433065886
RISTORANTE TI PLACERA
1507 POLK ST
SAN FRANCISCO, CA 94109
415-771-9946

C O P Y
05/03/2009 20:15:48
Sale:


Transaction # 26
Card Type: MasterCard
Acc: *****1729
Entry: Swiped
Srvr # 6
Number Of Guests: 1
Bse Amt: 27.29

Tip : \$ 6

Total Amt: \$ 33.29

Auth.Code: 80.862
Respon. APPROVED 802862

CUSTOMER COPY

Riders  Baggage ☐

1
Name of Passenger
CHICK/LAURA


From
SAN FRAN-FINCL, CA
To
EMERYVILLE, CA
Carrier Train Date
2V **3336**

Accom Space/Car
G **UNRSVD THRWY**

Form of Payment
AP26.00VI 3889
Rail Fare
\$26.00 Accom Charge
\$0.00
Fare Plans
CJ Total
\$26.00

UOCC
Ticket Number
1239593183026 No. of
01 02
Date of Issue
03MAY09 Reservation #
69663

PASSENGER RECEIPT

Riders  Baggage ☐

1
Name of Passenger
CHICK/LAURA

From
EMERYVILLE, CA
To
SACRAMENTO, CA
Carrier Train Date
2V

Accom Space/Car
U **UNRESERVED**

Form of Payment
AP26.00VI 3889
Rail Fare
\$0.00 Accom Charge
\$0.00
Fare Plans
CJ Total
\$26.00

UOCC
Ticket Number
1239593183034 No. of
02 02
Date of Issue
03MAY09 Reservation #
69663

PASSENGER RECEIPT

Fare \$ \$11.00 (\$10 + \$1.00 tip)
From Fisherman's Wharf
To Holiday Inn Van Ness Ave
Date 5/2/09
Cab No. 3296
Driver 5/2/09

